

EXHIBIT 33

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Nancy Serrano Torres
Participant's Address: PO Box 2721, Arecibo, P.R. 00613
Participant's Email Address: serrano_nancy_58@hotmail.com
Name of Counsel: The Financial Oversight and Management Board
Address of Counsel: For Puerto Rico
Prime Clerk LLC Grand Central Station
Email Address of Counsel: PO Box 4850 New York, NY 10163-4850

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 165874
Nature of Claim: Public Employee Claims

By: Nancy Serrano Torres
Signature

Nancy Serrano Torres
Print Name

Title (if Participant is not an individual)

August 6th, 2021
Date

RECEIVED

AUG 10 2021

PRIME CLERK LLC

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

From: Nancy Serrano Torres
PO Box 2721
Arecibo, P.R. 00613



1.000

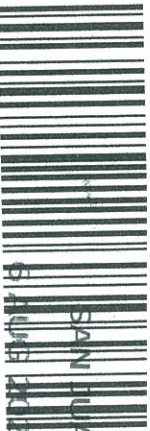


10163

RETURN RECEIPT
REQUESTED

U.S. POSTAGE PAID
FOR LETTER
ARECIBO, PR
00612
AUG 06, 21
AMOUNT
\$6.45
R2307M152866-04

7019 1120 0000 7609 5273



SAN JUAN PR 009
AUG 10 2021 PM 2 L

RECEIVED



AUG 10 2021

To: Prime Clerk LLC
Grand Central Station PRIME CLERK LLC
PO Box 4850
New York, NY 10163-4850

~~10163-4850~~
10163-4850





SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

* Article Addressed to:

Prime Clerk LLC
Grand Central Station
PO Box 4850
New York, NY 10163-4850
9590 9402 4926 9063 4095 89



7019 1120 0000 7609 5273

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

☐ Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT



© USPS 2019

